

Please type a plus sign (+) inside this box → ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket No.</b> PC22039A	
		<b>First Inventor</b> Anthony David Auffret	
		<b>Title</b> PROCESS FOR CONTROLLING THE HYDRATE MIX OF A COMPOUND	
<small>(Only for new nonapplications under 37C.F.R. §1.53(b))</small>		<b>Express Mail Label No.</b> EV 341079604 US	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 0 5px;">15</span> ] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <span style="border: 1px solid black; padding: 0 5px;">1</span> ] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages <span style="border: 1px solid black; padding: 0 5px;">1</span> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
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18. **If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.**


☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information:      Examiner: \_\_\_\_\_      Group/Art Unit: \_\_\_\_\_

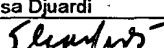
**For CONTINUATION OR DIVISIONAL APPS only.** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**18. CORRESPONDENCE ADDRESS**

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 (Insert Customer No. or Attach bar code label here)   
 or   
 ☐ Correspondence address below

  
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NAME (Print/type)	Elsa Djuardi	Registration No. (Attorney/Agent)	45,963
Signature		Date	June 23, 2003

02527 U.S. PTO  
06/23/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3>		Complete if Known	
		Application Number	To Be Assigned
		Filing Date	Filed Herewith
		First Named Inventor	<b>Anthony David Auffret</b>
		Examiner Name	To Be Assigned
		Art Unit	To Be Assigned
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		Attorney Docket No.	PC22039A US
<b>Total Amount of Payment</b> (\$) <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div>			

<p style="text-align: center;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None       </p> <p>Deposit Account:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         Deposit Account Number: <b>500329</b> </div> <div style="border: 1px solid black; padding: 2px;">         Deposit Account Name: <b>Agouron Pharmaceuticals, Inc.</b> </div> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below           <input type="checkbox"/> Credit any overpayments       </p> <p> <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p>	<p style="text-align: center;">FEE CALCULATION (continued)</p> <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge-late filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if Applicable)	
Name (Printed/Type)	Elsa Djuardi	Reg. Number	45,963
Signature		Telephone	858-638-6117
Date	June 23, 2003		